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**APR 1 8 2005**

| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | 10/706,281 |
| --- | --- | --- |
| | Filing Date | 11/13/2003 |
| | First Named Inventor | Carlos G. Bianchin |
| | Title | Electronic Ballast Cor |
| | Art Unit | 2821 |
| | Examiner Name | Vo, Tuyet Thi |
| | Attorney Docket Number | 093853-00030 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

[X] Practitioners associated with the Customer Number:  29569

OR

[ ] Practitioner(s) named below:

| Name | Registration Number |
| --- | --- |
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| | |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

[ ] The address associated with the above-mentioned Customer Number.

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Address:
City:       State:       Zip:
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Telephone:       Fax:

I am the:

[X] Applicant/Inventor.

[ ] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**Signature of Applicant or Assignee of Record**

| Signature | | Date | |
| --- | --- | --- | --- |
| Name | Dr. Sc. Carlos G. Bianchin | | |
| Title and Company | Habilitação de Tecnologia para o desenvolvimento - Tecto | Telephone | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

[ ] *Total of ___ forms are submitted.